

**MICHIGAN DEPARTMENT OF CORRECTIONS  
CONSULTATION**

**SITE: SRF**

**COMPLETED BY: Kaelynn R. Pfeil (01/06/2017 7:51 AM) 01/09/2017 3:58 PM**

**Patient: Andrew Lyles**

**ID#: 667516**

**DOB:** [REDACTED]

Reference #:

Routine

Date of Request: 01/06/2017

3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):

MDOC

*For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.*

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**Procedure/Test Requested:** GI Consult

**Specialty Service Requested:** Gastroenterology

**Initial Visit or F/U?** Initial Visit

**Presumed Diagnosis:**

GI Bleeding

578.9

**Signs & Symptoms:**

**Date of Onset:**

Inmate has had rectal bleeding since October. The bleeding became constant in November, 2016 when he presented to Health Care. He was found to have FOBT positive on 11/8, 11/9, 11/17, 11/18, 11/22. He complained of epigastric pain, especially with liquids, and hypogastric pain with foods. On 12/20/16 he returned 3 FOBT positive cards, after clearing constipation. Now with increasing number of stools, 6-7 times a day with BRB, and he has a 7 lbs weight loss since 12/1/16

**Lab & Xray Data**

12/13/16 Hb-15.4, HCT-45.0, Serum Fe-200, SGOT-19, SGPT-12

11/10/16 Abd X-ray: Constipation without evidence of an obstructive process.

12/8/16 X-ray Abd: Multi-view abdomen revealed the visceral outlines to be unremarkable. The gaseous pattern appeared normal throughout. No evidence of calculi could be seen in the region of the kidneys, ureters or urinary bladder. No constipation was seen

12/13/16 Hb-15.4, HCT-45.0, Serum Fe-200, TSH-1.51, LDL-75

**Failed Outpatient Therapies:**

11/22/16 Anoscopy: Peri-rectal area normal to inspection and palpation. No hemorrhoids, fissures or condylomata. Normal sphincter tone. Muscular ring appears normal. Rectal walls appear normal. Deep palpation reveals normal conditions.

Prostate appears normal. Fecal occult blood test result was positive. Assisted by C. Gross, RN

Protonix

NAME: Lyles, Andrew L

NUMBER: 667516

D.O.B.: [REDACTED]

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**Enrolled in Chronic Care Clinic(s)?** No

**Current Active Medications:**

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication Name</u>	<u>Sig Desc</u>
12/22/2016	01/21/2017	Protonix 20 mg tablet, delayed release	take one by mouth every day
<b>Site Medical Provider:</b> Sharon A. Oliver MD		01/06/2017	

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**(For UM use only)**

<b>Criteria Source:</b>	<b>M &amp; R</b>	<b>Interqual</b>	<b>Other</b>
<b>Criteria met:</b>	Yes	No	X Deferred

**Reviewer comments:** ATP: Medical necessity not demonstrated at this time. When symptoms demonstrate medical necessity, resubmit.

**Recommendation for visit appointment:**

**# Visits:**

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**UM Review #:**

**Reviewer Name:** Papendick, Keith, MD

**Date Reviewed:** 01/06/2017

*Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service is still necessary and appropriate.*

NAME: Lyles, Andrew L  
NUMBER: 667516  
D.O.B.: [REDACTED]